

Policy No: CON 06-001	
Subject: Minimum Requirements for Provide	er Directories
Approval: Q.D. Hickey X.	Date: 5/10/2006

POLICY AND PURPOSE:

The Bureau of TennCare has received questions from MCCs about what provider demographics information is required in provider directories for enrollees. This Policy Statement addresses the minimum requirements along with some guidelines for submitting the provider directory to the TennCare Marketing Coordinator. This Policy Statement supersedes TSOP #37A.

DISCUSSION:

An "x" in a column on the grid below indicates which information is required in the provider directory for enrollees. MCCs can publish additional information if desired. As a reminder, all information being provided to enrollees must be presented at or below the 6th grade reading level [as stated in the TennCare/MCO CRA, Section 2-5.f.]

Provider Type	Name	Address	Phone Number	Open/ Closed	Foreign Language [if available]	Office Hours
PCP	X	X	X	X	X	X
Specialist	X				X	
Home Health	X					
Home Infusion	X					
Hospice	X					
DME	X					
Laboratory	X					
Pros./Orthotics	X					
MH/SA	X					
Pharmacy	X	X	X			
Facility	X					
Dentist	X	X	X			
Vision	X	X	X			

The MCC may choose to include additional information [e.g., OB/GYN address & phone number] at its discretion.

TennCare Provider Directory Verification Record Layout

Enrollee provider directories, and any revisions thereto, shall be submitted to the TennCare Marketing Coordinator for approval prior to distribution to enrollees. Each submission shall include a paper and an electronic copy. The text of the directory shall be in Microsoft Word. The provider information used to populate the enrollee provider directory shall be submitted as a TXT file and be produced using the same exact process as the actual enrollee provider directory. Below is the file layout to be used when an MCO submits its Provider Directory information; this file contains selected data elements from the monthly TennCare Provider Enrollment file:

Provider Directory File Data Element Number	Provider Directory File Data Element Name	Picture	Length	Start Position	End Position
DE4137	05 PD -MCO	PIC X(7).	7	1	7
DE3136	05 PD -TENNCARE	PIC X(15).	15	8	22
DE4007	05 PD -SPECIALITY	PIC XX.	2	23	24
DE4085	05 PD -PROV-NAME				
	10 PD -LNAME	PIC X(13).	13	25	37
	10 PD -FNAME	PIC X(11).	11	38	48
	10 PD -MIDDLE	PIC X.	1	49	49
DE4095	05 PD -PHONE	PIC 9(10).	10	50	59
	05 PD-SERV-ADDRESSES	1			
DE4096	10 PD -SERV-ADDR-LN1	PIC X(30).	30	60	89
DE4097	10PD -SERV-ADDR-LN2	PIC X(20).	20	90	109
DE4130	10 PD -SERV-ADDR-CITY	PIC X(20).	20	110	129
DE4098	10 PD -SERV-ADDR-STATE	PIC XX.	2	130	131
DE4099	10 PD -SERV-ADDR-ZIP	PIC 9(5)V9(4).	9	132	140
DE4169	05 PD -PROV-PRENATAL	PIC X(1).	1	141	141
DE4170	05 PD -NEW-PAT	PIC X(1).	1	142	142
DE4180	05 PD-OFFICE HOURS-START	PIC 9(4).	4	143	146
DE4181	05 PD-OFFICE HOURS-END	PIC 9(4).	4	147	150
DE4182	05 PD -FOREIGN-LANGUAGE OCCURS 5 TIMES	PIC X(15).	75	151	226
	10 PD-FOREIGN-LANGUAGE				
DE4182	15 PD-FOREIGN-LANGUAGE-1	PIC X(15).			
DE4182	15 PD-FOREIGN-LANGUAGE-2	PIC X(15).			
DE4182	15 PD-FOREIGN-LANGUAGE-3	PIC X(15).			
DE4182	15 PD-FOREIGN-LANGUAGE-4	PIC X(15).			
DE4182	15 PD-FOREIGN-LANGUAGE-5	PIC X(15).			

OFFICES OF PRIMARY RESPONSIBILITY:

TennCare Office of Networks
TennCare Marketing Coordinator

REFERENCES:

TennCare/MCO CRA Section 2-5.b

DAS